

Candidate  
Annual Report of Receipts and Disbursements  
2009

Candidate's Name MARY H. Coleman  
Full Address 308 Lynwood Lane  
Telephone 601-362-8165 Fax \_\_\_\_\_  
Contact Name Mary Coleman Email CayleColeman@a4h.net  
Office Sought Representative Political Party Democrat



☐ Check here if above is different from previous report

TYPE OF REPORT

✓ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>1,700</u> + \$	\$ <u>1,700.00</u>	\$ <u>1,700.00</u>
Total amount of disbursements	\$ + \$	\$	\$
Total amount of cash on hand		\$ <u>1,700.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary H. Coleman  
Signature of Candidate

January 28, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Mary H. Coleman

Page \_\_\_\_\_ of \_\_\_\_\_

Reporting period

1-1-09-12-

through

12-31-09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		12/12/09	\$ 500.00
Mailing Address		___/___/___	\$
City, State, Zip Code JACKSON, MS		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A T & T MS PAC		___/___/___	\$
Mailing Address 175 East Capitol Street Suite 702		9/21/09	\$ 250.00
City, State, Zip Code JACKSON, MS 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AstraZeneca		___/___/___	\$
Mailing Address 1800 Concord Pike		___/___/___	\$
City, State, Zip Code Wilmington, Delaware 19850		11/10/09	\$ 700.00
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Drug Company		Aggregate year-to-date	\$ 700.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Ruck & Co		10/02/09	\$ 250.00
Mailing Address P.O. Box 1700		___/___/___	\$
City, State, Zip Code White House Station, NJ 08889		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00